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## UTILITY **PATENT APPLICATION** TRANSMITTAL

Attorney Docket No.		No.	PD020073	
First In	ventor	S. V	Veitbruch	į
Title			D APPARATUS FOR GRAYSCALE ENHANCEMENT Y DEVICE	

(Only for ne	w nonprovisional	applications und	der 37 C.F.R.	1.53(b))	Express Mail I	abel No.	EV 326739605 U	<u> </u>			
	APPLI	CATION E	LEMENTS	}	Commissioner for Patents						
See MPEP ch	apter 600 conce				ADDR	ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450					
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	Cross Reference t Statement Regard				ii <u>.</u> [	ii. paper					
- R	Reference to sequ	ience listing, a ta	able,		c. 🗌						
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- B	rief Summary of	the Invention	/ if fil = =1)		9. 🔯	Assignme	ent Papers (cove	r sheet & document(s))			
	Brief Description o Detailed Descripti		( II IIIea)		10.		§3.73(b) Statem				
	Claim(s) Abstract of the Dis	sclosure			1	•	ere is an assigne	7			
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	named in the pri 1.63(d)(2) and 1		ee 37 CFR		1.0			st attach form PTO/SB/3	35		
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18. If a CONT	INUING APPLIC	ATION, check a	appropriate be	ox, and supp	ly the requisi	te informatio	on below and in a	preliminary amendment,			
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Country	USA		Telepi	hone	(609) 734-6834 Fax (609) 734-6888						
Name (Prir	nt/Type)	Sammy S. H	enig	(	Registratio	Registration No. (Attorney/Agent) 30,263					
Signature			1 h	,	Date July 22, 2003						

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CCC TO ANICARITY AT	Complete if Known				
FEE TRANSMITTAL	Application Number				
for FY 2003	Filing Date	Herewith			
	First Named Inventor	S. Weitbruch, et al.			
Effective 01/01/2003. Patent fees are subject to annual revision.	Examiner Name	N/A			
Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit	N/A			

TOTAL	AMOU	NT OF PA	YME	ENT (\$)	750		Attorn	ey Dock	et No.	PD02	20073	<i>_</i>
METHOD OF PAYMENT (check all that apply)							FEE CALCULATION (continued)					
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Accoun	nt	Thomson L	icensi:	ng Inc.			1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Commissioner is authorized to: (check all that apply)							1804	920°	1804	920*	Requesting publication of SIR prior to Examiner action	
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1. BAS	SIC FILI	NG FEE					1253	930	2253	465	Extension for reply within third month	
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		001 375	U	tility filing fee		750	1401	320	2401	160	Notice of Appeal	
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2. EXTRA	CLAIM	FEES		C.4	Fac from	Foo	1502	470	2502	235	Design issue fee	
				Extra Claims	Fee from below	Fee Paid	1503	630	2503	315	Plant issue fee	
Total Claims	18	-20 **	_	0 X		= 0	1460	130	1460	130	Petitions to the Commissioner	
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Large Entit	Fee	Small E	Fee				1809	750	2809	375	Filing a submission after final rejection	
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1201	84	2201	42	Independ	ent claims ir	n excess of 3					examined (37 CFR § 1.129(b))	<u> </u>
1203	280	2203	140	•	•	aim, if not paid	1801	750	2801	375	Request for Continued Examination (RCE	)
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**or numb	oer previ	iously paid,	if gre	ater; For Re	issues, se	e above						

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Sammy S. Henig	Registration No. Attorney/Agent)	30,263	Telephone	609.734.6812
Signature		( the		Date	July 22, 2003

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